

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: Nationwide Assurance Company
 NAIC Number: 10723
 Name of Advisory Organization Whose Filing You are Referencing N/A
 Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: N/A Proposed Effective Date: 3/15/2006

Contact Person: Shelby Westwood, CPCU
 Signature: *Shelby Westwood*
 Telephone No: 614-249-7965

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Bodily Injury	5.3	5.3					
Property Damage	-0.7	-0.7					
Medical Benefits/Excess Medical	-4.2	-4.2					
Comprehensive	2.9	2.9					
Collision	4.9	4.9					
UM/UIM – Bodily Injury	3.6	3.6					
UM/UIM – Property Damage	2.0	2.0					
Loss of Use	7.2	7.2					
Towing and Labor	1.5	1.5					
TOTAL OVERALL EFFECT	2.7	2.7					

NA Apply Lost Cost Factors to Future Filings? (Y or N)
12.40% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-13.50% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

								Selected Provisions
				5 Year History				
Year	Policy Count	Rate Change History	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	
2005	8638	-0.9	9/15/05	10651	4605	43.2%	54.9%	A. Total Production Expense <u>NA</u>
2005	8815	0.0	3/15/05	11412	5615	49.2%	53.7%	B. General Expense <u>NA</u>
2004	8005	1.0	9/15/04	11412	5615	49.2%	53.7%	C. Taxes, License & Fees <u>NA</u>
2003	5935	3.4	3/15/03	6506	3279	50.4%	45.1%	D. Underwriting Profit & Contingencies <u>NA</u>
2002	263	3.9	9/15/03	16	0	0.0%	36.2%	E. Other (explain) <u>NA</u>
								F. TOTAL <u>NA</u>